2064

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02025

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, rur. X
LENGTH OF STAY (in this place) 1 yr. 9½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital 70

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNT Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring, Md. 15X-2
STREET ADDRESS (If rural give location) 1606 East West Hiway

3. NAME OF DECEASED: (Type or Print) (First) Huldah (Middle) Houston (Last) Ainsworth
4. DATE OF DEATH: (Month) Feb. (Day) 19, (Year) 19 54
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 13, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Wilmington, Delaware
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Henry Ainsworth
14. MOTHER'S MAIDEN NAME: Charlotte Morris Buzine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) --
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
420.0 Immediate cause	(a)	Coronary thrombosis	30 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Arteriosclerotic heart disease	10 y(?)
260X	DUE TO (c)	Arteriosel. gen.	15 y(?)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/, 1952, to 2/19/, 1954, that I last saw the deceased alive on 2/19/, 1954, and that death occurred at 1 45 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Maldre, M.D. Dev's Head State Hosp. Salisbury Md. 2/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
DATE THEREOF 2/22/54
NAME OF CEMETERY OR CREMATORY FORT LINCOLN CREM.
LOCATION (City, town, or county) (State) WASHINGTON, D.C.
DATE REC'D BY LOCAL REGISTRAR 2-19-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR THE HILL & JOHNSON CO. ADDRESS SALISBURY
George C. Hill II

RECEIVED
FEB 23 1954
BUREAU V. S.

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02026

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH: Wicomico
COUNTY ~~Worcester~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gridletree Md 23X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) P. (Last) Berdon
4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Feb 18-1903
9. AGE last birthday: 50/11/26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carmen
10b. KIND OF BUSINESS OR INDUSTRY: Tomato Factory
11. BIRTHPLACE (State or foreign country): Mountain View N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard P. Berdan
14. MOTHER'S MAIDEN NAME: Lillie Beider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-16-4764
17. INFORMANT & ADDRESS: Mrs Ruby K. Berdan, Gridletree, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
822X
Immediate cause (a) Irreversible Shock
DUE TO
Antecedent cause(s) (b) Internal injuries (Crushing)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) Pinned under overturned Fire Stove

INTERVAL BETWEEN ONSET AND DEATH: 4 hours

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) veinty road
21c. (City or town) near Gridletree (County) Worcester (State) Md
21d. TIME OF INJURY (Month) 2 (Day) 14 (Year) 1954 (Hour) 8 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Deceased was riding on a fire truck which turned over on him

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE N. E. Artorius M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Feb 17/54
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Gridletree (State) Md

DATE REC'D BY LOCAL REG. 2-17-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Mary E. Dennis, Snow Hill
ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
FEB 19 1954
BUREAU V. S.

2023 Correct

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02027

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville 23X-2
STREET ADDRESS (If rural give location) No #

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Brittingham

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 2/22/54

9. AGE last birthday: ... yrs. IF UNDER 1 YEAR Months ... Days ... IF UNDER 24 HRS. Hours 19 Min. 35

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Salisbury Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Leo F. Brittingham

14. MOTHER'S MAIDEN NAME: Elizabeth Brittingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Leo F. Brittingham Whaleyville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 490X Lobar Pneumonia — 1 day.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1954, to 2-23, 1954, that I last saw the deceased alive on 2-23, 1954 and that death occurred at 3:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert A. Grupp M.D. Berlin Md 2/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** 2/24/54 — **NAME OF CEMETERY OR CREMATORY** Dale — **LOCATION (City, town, or county) (State)** Whaleyville Md.

DATE REC'D BY LOCAL REGISTRAR 2-26-54 — **REGISTRAR'S SIGNATURE** Edward A. Holloway

24. FUNERAL DIRECTOR Peter Whaley — **ADDRESS** Whaleyville, Del.

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02028

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 New York Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
STREET ADDRESS (If rural give location) 104 New York Ave.

3. NAME OF DECEASED: (Type or Print) (First) FRANCIS (Middle) DANIEL (Last) BROWN

4. DATE OF DEATH: (Month) 2 (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: DEC. 13, 1899
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Proprietor
10b. KIND OF BUSINESS OR INDUSTRY: Aquariouna
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel F. Brown
14. MOTHER'S MAIDEN NAME: Mary E. Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Helen C. Brown - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/18, 1954, to 2/18, 1954 that I last saw the deceased alive on 2/18, 1954, and that death occurred at 9 45 am, from the causes and on the date stated above.

SIGNATURE Chas. T. Fisher M.D. (Degree or title) 200 N Division St ADDRESS Salisbury, Md DATE SIGNED 2/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/20/54
NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery
LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 2-19-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill II

RECEIVED
FEB 23 1954
BUREAU V. S.

2025

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 012029

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SALISBURY 12
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital. 70

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury 12
STREET ADDRESS (If rural give location): 513 Buena Vista Ave

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) MAY (Last) Brown

4. DATE OF DEATH: (Month) FEBR. (Day) 25 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 17th 1891

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmers wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wicomico, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Georg W. Farlow.

14. MOTHER'S MAIDEN NAME: Hennie Ann Parker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital records (also) Mr. Raleigh D. Brown 513 Buena Vista Ave. Salisbury, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Myocardial infarction	7½ hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive cardiovascular disease.	3 years.
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obesity	30 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.8. 1954, to 2.25 1954, that I last saw the deceased alive on 2/25, 1954, and that death occurred at 9 15 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. R. Holloway M.D. Salisbury Md. St. Hospital Feb. 25, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 28, 1954 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REGISTRAR: 2-27-54 — REGISTRAR'S SIGNATURE: Edward S. Holloway

24. FUNERAL DIRECTOR — ADDRESS: HOLLOWAY & COMPANY SALISBURY MARYLAND

Walter R. Holloway

VS. A15

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Dr. Lawry

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. D. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Rural
STREET ADDRESS (If rural, give location): R. D. # 1

3. NAME OF DECEASED: (Type or Print) (First) MELVIN (Middle) ALBERT (Last) BROWN

4. DATE OF DEATH: (Month) Jan Feb (Day) 12 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 8, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months 4 Days 24 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming on own Farm

11. BIRTHPLACE (State or foreign country): R. D. Pittsville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Brown

14. MOTHER'S MAIDEN NAME: Mary Hatter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Della F. Brown (Wife) R.D. # 1 Salisbury

18. MEDICAL CERTIFICATION Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Coronary Thrombosis — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ... DUE TO

(c) Pulmonary Tuberculosis — 2 yrs

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 wk —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 2-2-54, 19....., and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: L. L. Lawry M.D. (DEGREE OR TITLE) ADDRESS: Fruitland, Maryland DATE SIGNED: Feb. 3 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 4, 1954 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 2-4-54

REGISTRAR'S SIGNATURE: Mary W. Holloway Walter R. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 1000 Camden Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) CUSTIS Butcher
4. DATE OF DEATH: (Month) February (Day) 22 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	SINGLE	Oct. 4, 1891	64 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
BOOKKEEPER	WHOLESALE Chicks	West Va.,	U. S. A.

13. FATHER'S NAME: John H. Butcher
14. MOTHER'S MAIDEN NAME: Emma Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: Unknow-
17. INFORMANT & ADDRESS: Mrs John Mowbray Pinehurst Sal

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

464X
Immediate cause (a) Pulmonary Embolism
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Thrombophlebitis Left leg -
DUE TO
(c) Anemia -

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8/54 to 2/22/54, that I last saw the deceased alive on 2/22, 1954 and that death occurred at 6:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
A. C. Mitchell M.D. — Salisbury, Md — 2/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/25/54 — NAME OF CEMETERY OR CREMATORY Parsons Cemetery — LOCATION (City, town, or county) Salisbury — (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 2-24-54 — REGISTRAR'S SIGNATURE Edward S. Holloway

24. FUNERAL DIRECTOR — ADDRESS
THE HILL & JOHNSON CO SALISBURY
George C Hill II

RECEIVED
FEB 26 1954
BUREAU V. S.

2027

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Carlie Hearne

CERTIFICATE OF DEATH

2132

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury 12
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury X
STREET ADDRESS (If rural give location): R.D.# 2 Upper Ferry Road

3. NAME OF DECEASED: (Type or Print) (First) OCIE (Mid.) LAMBERSTON (Last) CAREY

4. DATE OF DEATH: (Month) FEB (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 22, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 1 Days 22 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Own Home

11. BIRTHPLACE (State or foreign country): Sign Post Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Lamberston

14. MOTHER'S MAIDEN NAME: Louise Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: (Husband) Mr. Horace E. Carey R.D.# 2 Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

786.5
Immediate cause (a) Uraemia.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Anuria (Bilateral)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12 ,1954 to Feb 14 ,1954 that I last saw the deceased alive on 2/14/54 1954 , and that death occurred at ..... , from the causes and on the date stated above.

SIGNATURE (Degree or title): Carlie J. Hearne, M — ADDRESS: 113 West Church Salisbury, Maryland — DATE SIGNED: Feb. 15 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 17, 1954 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2-15-54 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY SALISBURY MARYLAND — ADDRESS

Walter R. Holloway

VS. A15

RECEIVED
FEB 18
BUREAU V. S.

2028

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona 19X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margery (Middle) (Last) Collier

4. DATE OF DEATH: (Month) February (Day) 8 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct. 13, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Deal Island, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John B. White
14. MOTHER'S MAIDEN NAME: Elizabeth Dix

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Elizabeth Webster, daughter Wenona, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Myocardial Insufficiency

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Artery Heart Disease

DUE TO (c)

Interval Between Onset And Death: 2 weeks Symptoms 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, essential

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6, 1954, to Feb. 8, 1954, that I last saw the deceased alive on Feb. 8, 1954 and that death occurred at 10:35 AM from the causes and on the date stated above.

SIGNATURE Leland Nelson (Degree or title) Md. ADDRESS Salisbury Md. DATE SIGNED Feb. 8, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-10-54
NAME OF CEMETERY OR CREMATORY St Johns Mt.
LOCATION (City, town, or county) Deal Island (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-9-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR L. D. Webster Deal Island Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 1954
BUREAU V. S.

2029

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 407 Pinehurst Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wico.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 407 Pinehurst Ave.

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Byrd (Last) Collier
4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josephus Elliott
14. MOTHER'S MAIDEN NAME: Addie J. Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Wm Collier - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Artery Occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Atherosclerosis
DUE TO
260X (c) Myocardial Insufficiency

Interval Between Onset And Death: Minutes, Symptoms 2 yrs. 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 18, 1953, to Feb. 13, 1954 that I last saw the deceased alive on Feb. 13, 1954, and that death occurred at ..... from the causes and on the date stated above.
SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED Feb. 15, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/16/54
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury (State) Md
DATE REC'D BY LOCAL REGISTRAR 2-16-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB
BUREAU V. S.

2030

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 402 E. Rose St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Collins

4. DATE OF DEATH: (Month) (Day) (Year) February 3 - 1954

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: February 3 1954

9. AGE Last birthday: yrs. IF UNDER 1 YEAR Months 0 Days — IF UNDER 24 HRS. Hours 2 Min. 35?

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marion Thomas Collins

14. MOTHER'S MAIDEN NAME: Edith Mae Mapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Marion Thomas Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Prematurity (Respiratory & Cardiac failure) — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Prematurity

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3-, 1954, to 2-3-, 1954 that I last saw the deceased alive on 2-3-, 1954, and that death occurred at 3:35 p.m. from the causes and on the date stated above.

SIGNATURE G. V. Lomadow (Degree or title) M.D. ADDRESS Peninsula General Hospital DATE SIGNED 2-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 2-5-54 — NAME OF CEMETERY OR CREMATORY Peninsula General Hospital — LOCATION (City, town, or county) (State) Salisbury, Wicomico Md

DATE REC'D BY LOCAL REGISTRAR 2-3-54 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Peninsula General Hospital — ADDRESS

FEB 8 1954
BUREAU V. S.

2031

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomack
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chincoteague
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Ernest (Last) Daisey
4. DATE OF DEATH: (Month) February (Day) 14 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: Nov. 3, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William P. Daisey ~~228-18-2205~~
14. MOTHER'S MAIDEN NAME: Mary Ann Steelman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 228-18-2305
17. INFORMANT & ADDRESS: Larry E. Daisey Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584 X

Immediate cause (a) Acute Pericarditis — Interval Between Onset And Death: 3 days

DUE TO Acute Pericarditis — 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cholelithiasis

DUE TO Stones in common duct — 3 weeks

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial degeneration — 1 year; Pyonephrosis — 3 weeks

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4/ 1954, to 2/14/ 1954, that I last saw the deceased alive on 2/14/ 1954, and that death occurred at 9 a.m. from the causes and on the date stated above.
SIGNATURE J. A. Rodemaker (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 2-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 17 1954
NAME OF CEMETERY OR CREMATORY Steelman
LOCATION (City, town, or county) Chincoteague (State) Va
DATE REC'D BY LOCAL REGISTRAR 2-16-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Walter M. Clark ADDRESS Chincoteague Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB
BUREAU V. S.

2033

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place) most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 1
STREET ADDRESS (If rural give location) 143 Second Street

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) (Last) Dashields

4. DATE OF DEATH: (Month) February (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: about 1883

9. AGE last birthday: about 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Rock-a-walkin, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ebenezer Hudson

14. MOTHER'S MAIDEN NAME: Martha — Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Bessie Miles, 143 Second St, Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

570.5
Immediate cause (a) Cardiac Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Toxic Uremia
DUE TO
(c) Intestinal Obstruction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17, 1954, to 2-20, 1954, that I last saw the deceased alive on 2-20, 1954, and that death occurred at 6.55 Pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
W B Smith M.D. 222 N. Div St. Salisbury 2-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-23-54 — NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park — LOCATION (City, town, or county) (State) Salisbury, Wicomico Co. Md.

DATE REC'D BY LOCAL REGISTRAR 2-23-54 — REGISTRAR'S SIGNATURE Edward F. Holloway

24. FUNERAL DIRECTOR Mary A. Stewart — ADDRESS 324 E. Church St.

STEWART FUNERAL HOME Salisbury, Maryland

RECEIVED
FEB 25 1954
BUREAU V. S.

2032

2037

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 602 South Division Street

3. NAME OF DECEASED (Type or I.): (First) LARRY (Middle) WINFIELD (Last) Davis
4. DATE OF DEATH: (Month) FEB. (Day) 26 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 13, 1901
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: On [redacted] Farm
11. BIRTHPLACE (State or foreign country): R.D. # Salisbury, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sampson Davis
14. MOTHER'S MAIDEN NAME: Martha Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Carrie F. Davis (Wife) 602 S1 Div. St Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 332X (a) Thrombosis of Cerebral arteries — Interval Between Onset and Death: hours

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Kendrick McCullough M.D. R.F.D. #1, Parsonsburg Md. Feb. 26, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Feb. 28, 1954
NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG.: 2-27-54
REGISTRAR'S SIGNATURE: Edward J. Conway
24. FUNERAL DIRECTOR — ADDRESS: HOLLOWAY & COMPANY SALISBURY MARYLAND
Walter R. Holloway
Walter R. Holloway

VS. A15A

2034

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1004 Evergreen Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE California — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Los Angeles.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Crisfield (Last) Dennis

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 15 1867

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel K. Dennis

14. MOTHER'S MAIDEN NAME: Sally Handy Crisfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Mrs. Ivy Bullock 1004 Evergreen Ave Salisbury Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.1 Coronary Artery Occlusion — Interval Between Onset and Death: 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Atherosclerosis — Interval: Symptoms 2 yrs.

DUE TO

(c) Myocardial Insufficiency — 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1953 to 2/19, 1954, that I last saw the deceased alive on 2/19 1954 and that death occurred at 2-15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David J. Delmore M.D. Salisbury Md Feb. 20 1954

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial 2/22/54 Mardela Presbyterian Princess Anne Md

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

2-20-54 Mary W. Holloway James Newman

RECEIVED
FEB
BUREAU V. S.

2035

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS D.O.A. Peninsula Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~Jersey~~ Salisbury
STREET ADDRESS (If rural, give location) Jersey Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Wesley (Last) Elzey
4. DATE OF DEATH (Month) 2 (Day) 17 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Colored		5/10/79	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Elzey
14. MOTHER'S MAIDEN NAME: Mary Jane Cornish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 166-05-7625
17. INFORMANT & ADDRESS: Susie Elzey; Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion; cardiovascular
DUE TO sclerosis.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. H. Gardner M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/20/54
NAME OF CEMETERY OR CREMATORY Green Acres
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 2-20-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Leon R. Wilson
ADDRESS Princess Anne, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Maryland
LENGTH OF STAY (in this place) Approx. 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, Maryland
STREET ADDRESS (If rural give location) 2047 Llewellyn Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) -- (Last) Fisher
4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12-18-1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Not given
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Kenny
14. MOTHER'S MAIDEN NAME: Nellie Cross
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) 1 Cerebral trombosis	2 h.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) 2. Arteriosclerosis general	15 years
260x	DUE TO (c) 3. Arteriosclerotic cardiovascular disease due to 2.	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4. Diabetes mellitus ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-21, 1953, to 2-12, 1954, that I last saw the deceased alive on 2-12, 1954, and that death occurred at 2/12 5 15 AM., from the causes and on the date stated above.
SIGNATURE Dr. V. Juerman (Degree or title) M.D. ADDRESS Deer's Head State Hospital, Salisbury DATE SIGNED 2-12-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 16/54
NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery
LOCATION (City, town, or county) A.A. County (State) Md
DATE REC'D BY LOCAL REGISTRAR 2/15/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Mrs. Ott A. Elliott & Daughter ADDRESS 1129 N. Caroline St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2037

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wic. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 9/9/53 to 2/11/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 6215 Eldridge Road

3. NAME OF DECEASED: (Type or Print) (First) Glasgow (Middle) Glasgow (Last) Glover

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 21, 1904
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Lynchburg Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harmon Glover
14. MOTHER'S MAIDEN NAME: Maggie Ford.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ? ?
17. INFORMANT & ADDRESS: Hutcheson Fun. Home Lynchburg Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Renal acidosis — Interval Between Onset And Death: 3 d

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Glomerulosclerosis — ?
DUE TO (c) ~~Dis~~

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 7 y

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 1953, to 2/11, 1954, that I last saw the deceased alive on 2/11, 1954, and that death occurred at 7 or PM, from the causes and on the date stated above.
SIGNATURE Dr. V. Juerman (Degree or title) M.D. ADDRESS Deer's Head State Hospital, Salisbury DATE SIGNED 2/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-14-54
NAME OF CEMETERY OR CREMATORY Lynchburg Cem
LOCATION (City, town, or county) Lynchburg Va. (State)
DATE REC'D BY LOCAL REGISTRAR 2-12-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker W. Weeks, ADDRESS Salisbury, Md.

RECEIVED
FEB 1
BUREAU V.

2038

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deal Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H (Last) Harrison

4. DATE OF DEATH: (Month) February (Day) 9 (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct 23, 1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Dorchester Co.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Harrison

14. MOTHER'S MAIDEN NAME: Margaret Coulbourne

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Heron Abbott (daughter) Deal Island Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Arteriosclerosis — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED White at Work ☐ Not White At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/ ..., 1954, to 2/9/ ..., 1954, that I last saw the deceased alive on 2-9 ..., 1954, and that death occurred at 5:45 on from the causes and on the date stated above.

SIGNATURE (Degree or Title) — ADDRESS — DATE SIGNED

William R. Ellis Jr. MD — Salisbury Md. — 2-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-11-54 — NAME OF CEMETERY OR CREMATORY: St Johns — LOCATION (City, town, or county) (State): Deal Island Md

DATE REC'D BY LOCAL REGISTRAR: 2-10-54 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: L D Tolson — ADDRESS: Deal Island Md

VS. A15

FEB 15 1954
BUREAU V. S.

2039

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Bloxam

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Salisbury
LENGTH OF STAY (in this place) 14
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. # 3 Salisbury

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural give location) 4840 Pine Street

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) S (Last) HOBBS

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Aug. 18, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months 5 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: At Bank

11. BIRTHPLACE (State or foreign country): R.D. # 3 Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel T. Hobbs

14. MOTHER'S MAIDEN NAME: Ellen Maddox

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Miss Lula M. Hobbs (Sister) R.D. #3 Salisbury

18. MEDICAL CERTIFICATION Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Rectum — Interval Between Onset And Death: 9 Mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-25-1953

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12 ..., 1953, to 2-14 ..., 1954, that I last saw the deceased alive on 2-14 ..., 1954, and that death occurred at 5:20 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John M. Bloxam III — ADDRESS 324 N. Division St. Salisbury, Md. — DATE SIGNED February 15, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb 16, 1954 — NAME OF CEMETERY OR CREMATORY Parsonsburg Cemetery — LOCATION (City, or county) (State) Parsonsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-15-54 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY — ADDRESS SALISBURY MARYLAND

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 18 1
BUREAU V. S.

2040

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) King

4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Cal
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: ~~12~~ 1884
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Princess Anne
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James King
14. MOTHER'S MAIDEN NAME: Tennessee Russell

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Amanda Cattman

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage, right. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 60 hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10/, 1954, to 2/10/, 1954, that I last saw the deceased alive on 2/10/, 1954, and that death occurred at 11.13 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.B. Ch. B. ADDRESS 300, N. Blvd. Salisbury DATE SIGNED 2/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/14/54
NAME OF CEMETERY OR CREMATORY Palks Road Cem
LOCATION (City, town, or county) Palks Rd (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-15-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Dooker Mass. ADDRESS Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
FEB 17 1954
BUREAU V. S.

2041

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wiconico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cor. of Mount Herman Rd. & Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Conn. — COUNTY Fairfield
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norwalk
STREET ADDRESS (If rural, give location) Unk

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) FREDRICK (Last) KORKER
4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb. 15, 1900
9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs: 10 Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (State or foreign country): West New York New Jersey
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Ernest F. Korker
14. MOTHER'S MAIDEN NAME: Olga Schede
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Adam Heerdt - Edward Lawrence Post Rd. Conn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] — Interval Between Onset and Death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Mar. 1, 1954 | NAME OF CEMETERY OR CREMATORY: Lake View Cemetery | LOCATION (City, town, or county) (State): New Cainaan Conn.

DATE REC'D BY LOCAL REG.: 2-27-54 | REGISTRAR'S SIGNATURE: Edward B. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

Walter R. Holloway

Welter R. Holloway

2042

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury — LENGTH OF STAY (in this place) 12

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Lt.	Benjamin	Lankford	Feb.	28	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	Feb. 4, 1864	90 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country).	12. CITIZEN OF WHAT COUNTRY?
Retired Navy Paymaster		Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Benjamin Franklin Lankford	Amanda Porter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
yes	war 1		Mrs. B. Louis Lankford Princess Anne Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Uremia	
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Cards - vascular renal disease	
DUE TO		
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

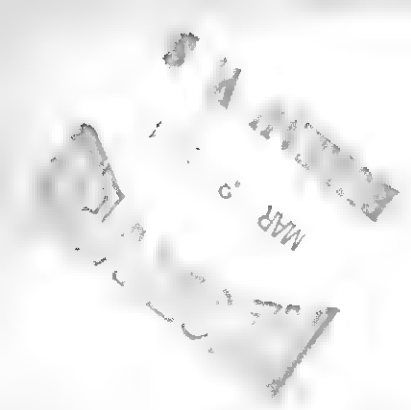
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 1952 to February 1954, that I last saw the deceased alive on Feb. 27, 1954, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE Philip A. Insley M.D. (Degree or title) — ADDRESS Salisbury Maryland — DATE SIGNED 3-1-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3-2-1954	Manokin Presbyterian	Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-1-54	Mary W. Holloway	Lewis R. Wilson Princess Anne, Maryland



2043 Film #G162 Item # 9 3/8/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

Dr. Lawry

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Salisbury X
STREET ADDRESS (If rural, give location) R.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) -WILLIAM- (Last) Marshall

4. DATE OF DEATH: (Month) Feb (Day) 27 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):

8. DATE OF BIRTH: MARCH 1-1877-78 76 yrs.

9. AGE last birthday: IF UNDER 1 YEAR Months 11 Days | IF UNDER 24 HRS. Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STAVER

10b. KIND OF BUSINESS OR INDUSTRY: WATER. MAN

11. BIRTHPLACE (State or foreign country): DEAL-ISLAND. MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN MARSHALL

14. MOTHER'S MAIDEN NAME: JULIA-ANNE- WALTERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John W MARSHALL Jr. (SON) RD#1 SALISBURY Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 434.1 (a) Congestive Heart Failure — Interval between Onset and Death: 2 mon

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 2-27-, 1954, and that death occurred at 11:45A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Lee L Lawry M.D. Fruitland Md. Feb. 28 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Mar 2 -54

NAME OF CEMETERY OR CREMATORY Shad Point Cemetery

LOCATION (City, town, or county) Shad Point. (State) Md.

DATE REC'D BY LOCAL REG. 3-1-54

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Company - Salisbury Md

ADDRESS Walter R. Holloway

VS. A15 8-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street address is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 3 1954
BUREAU V. S.

2066

M

C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS D.O.A. Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Quantico
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Daryl (Middle) Cornish (Last) Melvin

4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-25-53

9. AGE last birthday: ~~9 mo.~~ yrs. IF UNDER 1 YEAR: Months 9 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Melvin

14. MOTHER'S MAIDEN NAME: Pearl Cornish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Pearl Melvin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

495 X

Immediate cause (a) Acute fulminating bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE L A Rademaker M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-21-54

NAME OF CEMETERY OR CREMATORY Quantico Cemetery

LOCATION (City, town, or county) Quantico (State) Md.

DATE REC'D BY LOCAL REG. 2-20-54

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR B. M. West, Salisbury, Md ADDRESS

2 43162406

-8 24 1954
BUREAU V. S.

2044

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Fisher

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury / 2
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 805 Federal Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury / 1
STREET ADDRESS (If rural, give location) 805 Federal Street

3. NAME OF DECEASED: (Type or Print) (First) PAULINE (Middle) CHARLOTTE (Last) OAKLEY

4. DATE OF DEATH: (Month) FEB. (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: March 11, 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Own Home

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Davis

14. MOTHER'S MAIDEN NAME: Elizabeth White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Raymond J. Roth (Son) Riverside Drive

18. MEDICAL CERTIFICATION Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

156.1

Immediate cause (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: About 1 yr.

DUE TO

Antecedent cause(s) (b) Carcinoma of Colon — several months

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8, 1953, to 2/20, 1954, that I last saw the deceased alive on 2/20, 1954, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Oleas T. Fisher M.D. North Division St. Salisbury, Md. Feb. 20 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Feb. 23, 1954

NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park

LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 2-22-54

REGISTRAR'S SIGNATURE Edward F. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY MARYLAND ADDRESS

Walter R. Holloway

Walter R. Holloway

VS. A15 8-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Edward F. Holloway

RECEIVED
FEB
BUREAU V. S.

2045

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Allen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Geraldine (Middle) (Last) Palmer

4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/27/50

9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Palmer

14. MOTHER'S MAIDEN NAME: Rosalee Barkley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Anna Barkley; Eden, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 916.0 (a) DUE TO Burns of most of body

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Allen (County) Wicomico (State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Dress caught on fire

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. D. Radcliffe M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/16/54

NAME OF CEMETERY OR CREMATORY Flower Hill Cemetery

LOCATION (City, town, or county) (State) Eden - Wicomico - Md.

DATE REC'D BY LOCAL REG. 2-17-54

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2046

52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Md. 12
LENGTH OF STAY (in this place) 1 yr. 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Salisbury~~ Parsonsburg Md.
STREET ADDRESS (If rural give location) R D #1.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Ellen (Last) Parrillo

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 19 54

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/17/97
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brooklyn, N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Daniel Manzie
14. MOTHER'S MAIDEN NAME: Bridget Dodsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ———
17. INFORMANT & ADDRESS: Hospital records + Benjamin Parrillo R D #1. Parsonsburg Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

174X

Immediate cause (a) Generalized carcinomatosis, metastatic (?)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Adenocarcinoma of uterus 3 y

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Radical hysterectomy, vaginectomy, cystectomy 3 y

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1/19, 1953, to 2/19, 1954, that I last saw the deceased alive on 2/19, 1954, and that death occurred at 10 40 P.M., from the causes and on the date stated above.

SIGNATURE S.V. (Degree or title) Malone, M.D. ADDRESS Deer's State Hospital, Salisbury Md. DATE SIGNED 2/20/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 21 - 1954
NAME OF CEMETERY OR CREMATORY R.A. Dennis Farm Cemetery
LOCATION (City, town, or county) Powellville, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 2-20-54
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY ADDRESS MARYLAND

Walter R. Holloway

Walter R. Holloway

VS. A15

RECEIVED
1904
NUREAU V. S.

2047

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) ~~Wicomico~~ Salisbury
LENGTH OF STAY (in this place) /
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia — COUNTY Accomac
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Onancock
STREET ADDRESS (If rural give location) East side

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Perkins

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: February 23-1954

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min. 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Earl Ray Perkins

14. MOTHER'S MAIDEN NAME: Helen Ruth Sommerville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752X
Immediate cause (a) Hydrocephalus — Interval Between Onset And Death At birth

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23/ ,1954, to 2/23/ , 1954 that I last saw the deceased alive on 2/23/, 1954, and that death occurred at 3:50 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Askow Christensen M.D. Salisbury Md. 2/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 2/24/54 — NAME OF CEMETERY OR CREMATORY Peninsula General Hospital — LOCATION (City, town, or county) (State) Salisbury Md.

DATE REC'D BY LOCAL REGISTRAR 2-24-54

REGISTRAR'S SIGNATURE Edward F. Holloway

24. FUNERAL DIRECTOR — ADDRESS

20247.28.2495

RECEIVED
FEB 26 1954
BUREAU V. S.

2048

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 324 Water St.

3. NAME OF DECEASED: (Type or Print) (First) Myrtle (Middle) (Last) Polk

4. DATE OF DEATH: (Month) (Day) (Year) February 16 1954

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct 3 1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Laurel Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Polk.
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Kathleen Purnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion, Acute
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Atherosclerosis
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Cervix, Lof N IV - Treated 10 mos

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION Confirmed Carcinoma Cervix
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 1954, to 2/16, 1954, that I last saw the deceased alive on 2/16, 1954 and that death occurred at 4.50 pm., from the causes and on the date stated above.
SIGNATURE (Degree or title) Rivers Hanson, MD
ADDRESS Salisbury
DATE SIGNED 2-17-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-19-54
NAME OF CEMETERY OR CREMATORY Green Acres Cem
LOCATION (City, town, or county) Salisbury Md (State)
DATE REC'D BY LOCAL REGISTRAR 2-18-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker Mc Cash
ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

2049

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND Md.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury; LENGTH OF STAY (in this place) 25 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Wicomico Co; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Rural; STREET ADDRESS (If rural give location) Zion Rd

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Elzy (Last) Price

4. DATE OF DEATH: (Month) 2 (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married

8. DATE OF BIRTH: Feb. 23. 1904

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Accomack Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Price

14. MOTHER'S MAIDEN NAME: Susquanna Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-01-9406

17. INFORMANT & ADDRESS: Callie Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro. vascular - accident

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12/53, 19..., to 2/18..., 19.54, that I last saw the deceased alive on 2/18..., 19.54, and that death occurred at 7.45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. C. Mitchell MD 228 N. Division - Salisbury 2/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 2-22-54; NAME OF CEMETERY OR CREMATORY Green Acres Cem; LOCATION (City, town, or county) Salisbury; (State) Md

DATE REC'D BY LOCAL REGISTRAR 2-23-54; REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Booker M Ewell; ADDRESS

VS. A11

RECEIVED
FEB 24 1954
BUREAU V. S.

2050

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1yr 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) — (First) TROFIN (Middle) — (Last) REWENKO

4. DATE OF DEATH: (Month) February (Day) 3, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown
8. DATE OF BIRTH: Unknown
9. AGE last birthday: Approximately 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Not given
14. MOTHER'S MAIDEN NAME: Not given

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: RRB-A306538
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.0 Immediate cause	(a)	Acute pulmonary edema	12 h
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerotic heart disease	(?)
	DUE TO		
	(c)	Arteriosclerosis gen.	(!)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31 1952, to 2/3 1954, that I last saw the deceased alive on 2/3 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
N. Malden, M.D., Deer's Head St. Hospital, Salisbury, Md. 2/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb. 10, 1954
NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 2-9-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Company ADDRESS Salisbury, Maryland
Walter R. Holloway

RECEIVED
FEB 1
BUREAU V. S.

2051

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: Wicimico COUNTY — Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lake St. Ext

2. USUAL RESIDENCE (HOME) OF DECEASED: Md STATE — Wicimico COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Md
STREET ADDRESS (If rural give location): Lake St Ex

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) R. (Last) Robinson
4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 1954
5. SEX: Ml
6. COLOR OR RACE: Wl
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Somerset Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-10-6752
17. INFORMANT & ADDRESS: Mary Robinson Lake St Ex

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 421.4 (a) Tabular Heart Disease — Unknown
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — Unknown
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anaemia — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Feb 26, 1954, that I last saw the deceased alive on Feb. 15, 1954, and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE (Degree or title): Thomas R Mann Sr. M.D. — ADDRESS: Salisbury Md — DATE SIGNED: 2/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-2-54 — NAME OF CEMETERY OR CREMATORY: Shell town Cem — LOCATION (City, town, or county) (State): Somerset Co Md
DATE REC'D BY LOCAL REGISTRAR: 3-1-54 — REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Booker McWed — ADDRESS

2052

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar.
STREET ADDRESS (If rural give location) 201 E. State Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Ross.

4. DATE OF DEATH: (Month) February (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/25/1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Plumber

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Easton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leon O. Ross

14. MOTHER'S MAIDEN NAME: Mary Frances Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 4w known

17. INFORMANT'S ADDRESS: Alice Ross 1042 W. Madison St. Bal. 1, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 332 X (a) Cerebral Thrombosis — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1954, to 2-25, 1954, that I last saw the deceased alive on 2-25, 1954, and that death occurred at 10:10 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William R. Ellis Jr. M.D. Salisbury, Md. 2-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/28/54 — NAME OF CEMETERY OR CREMATORY: Greensboro Md. — LOCATION (City, town, or county) (State): Greensboro Md.

DATE REC'D BY LOCAL REGISTRAR: 2-26-54 — REGISTRAR'S SIGNATURE: Edward F. Holloway

24. FUNERAL DIRECTOR: J. E. Boulais — ADDRESS: Greensboro, Md.

VS. A15

RECEIVED
MAR 1 1954
BUREAU V. S.

2052

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2059)

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Ella (Middle) (Last) Schoolfield
4. DATE OF DEATH: (Month) 2 (Day) 18 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 11-1894
9. AGE last birthday: 60-1-0 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Alfred Johnson
14. MOTHER'S MAIDEN NAME: Maggie Blake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S ADDRESS: Mr. Clarence Schoolfield, Snow Hill, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause: (a) Subacute Peritonitis — Interval Between Onset And Death: 3 Weeks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c) Volvulus
570.3

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pericarditis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1954, to 2-18, 1954, that I last saw the deceased alive on 2-18, 1954, and that death occurred at 2 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title): John M. Bledsoe III — ADDRESS: Salisbury Md. — DATE SIGNED: Feb 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 21/54 — NAME OF CEMETERY OR CREMATORY: St. James — LOCATION (City, town, or county): Snow Hill — (State): Md
DATE REC'D BY LOCAL REGISTRAR: 2-20-54 — REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Lloyd Timmons — ADDRESS: Snow Hill, Md

VS. A15

BOILEAU V.

2054

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 1 ✓
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 1 ✓
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Scott

4. DATE OF DEATH: (Month) (Day) (Year) February 19 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2/17/54 3 27 pm
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Eugene Scott
14. MOTHER'S MAIDEN NAME: Grace Savage

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

Immediate cause (a) Congenital Heart Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 48

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1954, to 2/19, 1954, that I last saw the deceased alive on 2/19, 1954, and that death occurred at 4:56 pm from the causes and on the date stated above.

SIGNATURE Morris A. Lambdin (Degree or title) MD ADDRESS Salisbury, Md DATE SIGNED 2-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) 2 — DATE THEREOF 2/20/54 NAME OF CEMETERY OR CREMATORY Peninsula General Hospital LOCATION (City, town, or county) (State) Salisbury Md.

DATE REC'D BY LOCAL REGISTRAR 2-20-54 REGISTRAR'S SIGNATURE Edward B. Holloway
24. FUNERAL DIRECTOR ADDRESS

2024212445

Edward B. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1954
BUREAU V. S.

2955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

Dr. Ellis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 613 East Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 613 East Church Street

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) MAE (Last) SEMELER

4. DATE OF DEATH: (Month) FEB. (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 15, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 1 Days 21 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY: House keeper at Home

11. BIRTHPLACE (State or foreign country): Somerset Ky.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ---------- Hill

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Doris Brittingham (Daughter) Cheery Way Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 420.1 (a) Myocardial Infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Coronary Thrombosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 19 54, to Feb 6 19 54, that I last saw the deceased alive on Feb. 6, 19 54, and that death occurred at 12 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

William R. Ellis Jr. MD Camden Avenue Salisbury, Maryland Feb. 8 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 9. 1954

NAME OF CEMETERY OR CREMATORY: Parsons Cemetery

LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 2-9-54

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: HOLLOWAY & COMPANY SALISBURY MARYLAND

Walter R. Holloway

RECEIVED
BUREAU V. S.

2056

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 S. Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
STREET ADDRESS (If rural give location) 216 S. Blvd

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) WILSON (Last) SHELMERDINE

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 31, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George C. Shelmerdine
14. MOTHER'S MAIDEN NAME: Elizabeth Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Wm H. Jackson - Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) DUE TO Coronary Occlusion
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Atherosclerosis
(c)

Interval Between Onset And Death: Sudden

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19, 1951, to 2/14, 1954, that I last saw the deceased alive on 2/14/54, 19..., and that death occurred at 6:30 pm, from the causes and on the date stated above.

SIGNATURE Fred N. Granese (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 2/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/17/54
NAME OF CEMETERY OR CREMATORY Oak Lane Cemetery
LOCATION (City, town, or county) Philadelphia (State) Pa.
DATE REC'D BY LOCAL REGISTRAR 2-16-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co ADDRESS George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 13
BUREAU V. S.

2057

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 N. Division St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Salisbury 12
STREET ADDRESS (If rural, give location) 708 N. Division Street

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) LOUIS (Last) SPEARIN

4. DATE OF DEATH (Month) 2 (Day) 2 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/23/53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 1 Days 10 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Torrington, Conn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles James Spearin

14. MOTHER'S MAIDEN NAME: Mildred Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: Mrs. Mildred Spearin - Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

500X

Immediate cause (a) Acute tracheo-bronchitis pneumonia — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 2-5-54

NAME OF CEMETERY OR CREMATORY PARSONS Cemetery

LOCATION (City, town, or county) (State) Salisbury Maryland

DATE REC'D BY LOCAL REG. 2-5-54

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury, Md.

Walter R. Holloway

RECEIVED
FEB 8 1954
BUREAU V. S.

2058

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural give location) St. Lukes Road

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) James (Last) Stanford Jr.

4. DATE OF DEATH: (Month) February (Day) 21 (Year) 1954

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: July 28. 1953
9. AGE last birthday: 6 mo yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Fruitland Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Stanford Sr.
14. MOTHER'S MAIDEN NAME: Elenore Barkley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Elenore Stanford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 423X (a) Cardiac Decompensation — Interval Between Onset And Death: 2 hr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pneumonia — 2 days

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1954, to 2/21, 1954, that I last saw the deceased alive on 2/21, 1954, and that death occurred at 11:55 Am., from the causes and on the date stated above.

SIGNATURE William C. Morgan (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 2/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-23-54
NAME OF CEMETERY OR CREMATORY Bivine Cem
LOCATION (City, town, or county) Fruitland (State) Md

DATE REC'D BY LOCAL REGISTRAR 2-23-54
REGISTRAR'S SIGNATURE Edward F. Holloway
24. FUNERAL DIRECTOR Booker M West ADDRESS Salis, Md.

4 73246366

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 25 1954
BUREAU V. S.

2059

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 604 Camden Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 604 Camden Avenue

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Venables (Last) Thoroughgood

4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Rex Taylor - Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | **DATE THEREOF** 2/18/54 | **NAME OF CEMETERY OR CREMATORY** Parsons Cemetery | **LOCATION** (City, town, or county) (State) Salisbury-Wicomico-Md.

DATE REC'D BY LOCAL REG. 2-16-54 | **REGISTRAR'S SIGNATURE** Mary W. Holloway | **24. FUNERAL DIRECTOR** The Hill & Johnson Co. Salisbury, Md. George C. Hill II | **ADDRESS**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

2067

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02066

Reg. Dist. No. 332

1. PLACE OF DEATH: Wicimico Co Md. COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Haven
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: Md STATE Wicimico COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Haven
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) M. (Last) Willey
4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 1954

5. SEX: female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3/22/1908
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Princess Anne, Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Jones
14. MOTHER'S MAIDEN NAME: Susie Wilson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Viola Gale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Chronic Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 1954, to 2/19, 1954, that I last saw the deceased alive on 2/19, 1954, and that death occurred at 4.15 P.M from the causes and on the date stated above.

SIGNATURE (Degree or title) William Emrich M.D
ADDRESS Helron-Md.
DATE SIGNED Feb. 22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/27-54
NAME OF CEMETERY OR CREMATORY Green Acres Mem Cem
LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REGISTRAR 2-26-54
REGISTRAR'S SIGNATURE Edward F. Holloway
24. FUNERAL DIRECTOR Booker M West
ADDRESS Salisbury Md.

Edward F. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1954
BUREAU V[illegible] S[illegible]

2960

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

C2067

Reg. Dist. No. 832

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
MARYLAND LENGTH OF STAY (in this place) 2 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverside Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 207 West Locust

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) A (Last) Twilley

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: June 13, 1863
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Harvey
14. MOTHER'S MAIDEN NAME: Catherine Dayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ND (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Edgar Harvey, Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

Interval Between Onset And Death: Sudden

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to 2/1/54, 19 , that I last saw the deceased alive on 2/1/54, 19 ..., and that death occurred at 3:25 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Fred L. Krause M.D. Salisbury Md 2/2/54

26. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/3/54
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 2-2-54
REGISTRAR'S SIGNATURE Mary M. Holloway
24. FUNERAL DIRECTOR ADDRESS The Hill & Tilghman Co Salisbury, Md.
Franklin B. Hill Jr

VS. A15

FEB 4
BUREAU V

2061

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. (2)992 ... 32 ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury Rt 1 — LENGTH OF STAY (In this place) 48 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Jalen	K.	Ward	2	18	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb 6 1869	85-0-10				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Own Farm	Snow Hill Md	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Ward	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	Mrs Lena G. Ward, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Uremia — unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Bilateral Pyelonephritis
DUE TO (c) adenocarcinoma Prostate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 2-14 ..., 1954, to 2-18 ..., 1954, that I last saw the deceased alive on 2-18 ..., 1954, and that death occurred at 5 P.M. ..., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William B Long	M.D	226 N Dynam St Salisbury	2/18/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 20 54	Bates Methodist	Snow Hill	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-22-54	Mary W. Holloway	Clay C. Dennis	Snow Hill Md

VS. A15

RECEIVED
FEB 24 1954
BUREAU V. S.

2062

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02069

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: Wicomico COUNTY — md MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury 12
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 608 Lake St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — Wicomico COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury 12
STREET ADDRESS (If rural give location): 608 Lake St

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) (Last) Wright
4. DATE OF DEATH: (Month) Feb (Day) 2. (Year) 1954
5. SEX: f.
6. COLOR OR RACE: C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: 1873.
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Salisbury Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Mary Brinington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Ethel Matthews

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 593x (a) Myocarditis — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Nephritis, — Unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension, Genl Debility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1954, to Feb. 2, 1954, that I last saw the deceased alive on Jan 30, 1954, and that death occurred at 9 30 A.M. from the causes and on the date stated above.

SIGNATURE: G. Herbert Sembly MD (Degree or title) — ADDRESS: Salisbury Md — DATE SIGNED: Feb. 3, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-7-54
NAME OF CEMETERY OR CREMATORY: Green Acres Cem.
LOCATION (City, town, or county): Salisbury (State) Md

DATE REC'D BY LOCAL REGISTRAR: 2-5-54
REGISTRAR'S SIGNATURE: Mary W Holloway
24. FUNERAL DIRECTOR: Booker M West, ADDRESS: Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1954
BUREAU V. S.

2063

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02070

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Md. R
LENGTH OF STAY (in this place) 20 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 45 Pleasant Street

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) (Last) Young

4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 27, 1869

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cordova, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Collins

14. MOTHER'S MAIDEN NAME: Josephine (?) Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -----

(If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 332X — (a) Cerebral thrombosis — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis, severe — 10 years

DUE TO

(c) Arteriosclerotic cardiovascular disease due to? — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.5, 1954, to 2.25, 1954, that I last saw the deceased alive on 2.25, 1954, and that death occurred at 7.45 P.M., from the causes and on the date stated above.

SIGNATURE Dr. V. Herman — (Degree or title) M.D. — ADDRESS Deer's Head State Salisbury, Md. — DATE SIGNED 2-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/1/54 — NAME OF CEMETERY OR CREMATORY Richardson Cem. — LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-26-54 — REGISTRAR'S SIGNATURE Edward B. Holloway

24. FUNERAL DIRECTOR James B. Dashiell — ADDRESS Easton, Md.

VS. A15

RECEIVED
MAR 1 1954
BUREAU V. S.